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1998 Health Care Survey of DoD Beneficiaries:

Key Findings for Latin America

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Acronyms

AFB	Air Force Base
AMC	Army Medical Center
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NH	Naval Hospital
NMC	Naval Medical Center
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for Latin America. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Latin America sample included 1,260 adults. Overall, 382 Latin America MHS beneficiaries returned completed questionnaires by the due date. The Latin America response rate was 31.0 percent.

Summary of Noteworthy Findings

Satisfaction with TRICARE

Personal Doctors, Nurses, and Primary Care Managers (PCMs)

- When asked to rate their personal doctor or nurse on a scale from 0 to 10, beneficiaries in Latin America gave them an average rating of 8.1. The civilian benchmark is 8.1, taken from the Consumer Assessment of Health Plans Study (CAHPS) national benchmarking database, version 1, developed by The Picker Institute.

- Active duty TRICARE Prime enrollees with military PCMs (7.6), were less satisfied with their personal doctors compared with other Latin America beneficiaries and continental U.S. military health system (CONUS MHS) beneficiaries overall.

Military and Civilian Facilities

- When asked to rate the facility they use the most on a scale from 0 to 10, Latin America beneficiaries gave MTFs a 7.2 rating and CTFs a rating of 7.6. The CONUS MHS averages were 7.0 for MTFs and 8.2 for CTFs. The civilian benchmark is 8.0. Active duty TRICARE Prime enrollees were the least satisfied with military care. They rated MTFs 7.0. Beneficiaries under age 65 and not enrolled in Prime rated MTFs 8.0.

- Satisfaction with military care improved in 1998. The overall proportion of Latin America beneficiaries who were satisfied with MTFs increased from 59 percent to 76 percent. Satisfaction increased for all beneficiary groups, including TRICARE Prime enrollees, whether active duty (from 60 to 75 percent) or non-active duty (from 47 to 74 percent).

- In Latin America and throughout all regions, beneficiaries were more satisfied with care from CTFs than from MTFs. Satisfaction with MTFs ranged from 59 percent in Region 5 to 75 percent in Latin America. Satisfaction with CTFs ranged from 72 percent in Asia to 88 percent in Region 6, 82 percent in Latin America.

TRICARE Prime Enrollment Intentions

- The sample was too small to estimate reliably Latin America beneficiaries' intentions about TRICARE Prime enrollment.

Satisfaction with Health Plan

- Health plan satisfaction is generally low. When asked to rate the health plan they use the most on a scale from 0 to 10, Latin America beneficiaries gave their health plans an average rating of 6.1, less than the CONUS MHS average of 6.6. The civilian benchmark is 7.3.

- Latin America beneficiaries who use "other insurance" most often rate their health plans more highly than beneficiaries who use a TRICARE plan. "Other insurance" was rated 7.2.

- In contrast, beneficiaries who use a TRICARE plan most often were less satisfied. Active duty enrollees under age 65 rated TRICARE Prime 6.0. Their non-active duty counterparts gave TRICARE Prime a 6.7 rating. Standard/Extra beneficiaries rated their health plan 5.1.

Knowledge and Understanding of TRICARE

- Understanding of TRICARE improved in every region between 1997 and 1998. When asked, "How well do you feel you understand TRICARE overall," the proportion of beneficiaries from Latin America with "no understanding" dropped from 41 percent to 32 percent.

- Despite the widespread improvement in TRICARE understanding, findings in every MHS region indicate that more than one in five MHS beneficiaries (at a minimum 21 percent) say they have "no understanding of TRICARE".

Access to Health Care

Waiting Times

- Ninety-six percent of beneficiaries who use MTFs and 89 percent who use CTFs reported getting well-patient appointments within 4 weeks. There was little variation in access to well-patient care at MTFs. The proportion waiting less than 4 weeks for a MTF appointment ranged from 87 percent for beneficiaries under age 65 and not enrolled in Prime to 98 percent for active duty TRICARE Prime enrollees.

- Nineteen percent of beneficiaries in Latin America reported usually or always waiting more than 30 minutes to be seen at a MTF, 27 percent at a CTF. Twenty percent of active duty TRICARE Prime enrollees reported long waits at MTFs.

Access to Health Care

- Access to specialty care is most problematic among TRICARE Prime enrollees. One in four active duty TRICARE Prime enrollees (25 percent) reported having a "big problem" getting a referral to see a specialist. Nine percent of the users of "other insurance" reported "big problems".

- TRICARE Prime enrollees were also the beneficiary group most likely to report problems getting care they or a doctor felt "necessary". In Latin America, 8 percent of active duty TRICARE Prime enrollees said they had a "big problem" getting access to needed care, less than their counterparts in CONUS MHS, but more than users of Standard/Extra or "other insurance" (1 percent).

Health Status and Health Care Use

Physical and Mental Health

- Latin America beneficiaries appear to be in similar physical health to their civilian counterparts. Forty-eight percent have a physical health score below the 50th percentile score for the U.S. population.

- Latin America beneficiaries scored substantially higher in mental health than their peers in the U.S. population. Overall, 40 percent had mental health scores below the 50th percentile score for the U.S. population.

Outpatient Utilization

- Twenty-seven percent of Latin America beneficiaries reported using a MTF emergency room at least once in the past 12 months and 6 percent reported using a CTF emergency room. In CONUS MHS, 12 percent of beneficiaries used a MTF emergency room and 14 percent used a CTF emergency room.

- Beneficiaries in Latin America made an average of 5.2 outpatient visits to MTFs in 1998, while the CONUS MHS rate was 3.2 visits.

- MTF visit rates ranged from 3.8 visits by beneficiaries under age 65 and not enrolled in Prime to 6.9 visits by non-active duty Prime enrollees. The sample was too small to estimate a visit rate for beneficiaries age 65 or over.

- The average number of outpatient visits to CTFs by Latin America beneficiaries was 2.1 in 1997 and 2.2 in 1998. The CONUS MHS rate increased from 4.7 to 5.2 during that time.

Use of Military Pharmacies

- Only 2 percent of Latin America beneficiaries used military pharmacies to fill civilian prescriptions, compared to the CONUS rate of 12 percent. There was little meaningful variation among beneficiary groups with sample size sufficient to produce reliable estimates.

Use of Preventive Services

- MHS delivery of preventive services in Latin America meets or exceeds the goals set by *Healthy People 2000* for hypertension screening, breast and cervical cancer screening, and prenatal care.

- Ninety-four percent of pregnant women in Latin America reported first trimester prenatal care.

- Eighty percent of women age 50 and over in Latin America were screened for breast cancer in the previous two years.

- Ninety-two percent of women had a Pap smear in the past 3 years. TRICARE Prime enrollees with military PCMs had the highest Pap smear rate (100 percent) compared with other beneficiary groups in Latin America.

- Ninety percent of beneficiaries had a blood pressure reading in the past 2 years and knew if their blood pressure was too high.

- Reliable estimates of flu shot rates could not be obtained for Latin America.

- Latin America ranked fourth among the regions in rates of prostate screening. Sixty-eight percent of men age 50 and over were screened for prostate disease in the past 12 months.

Performance Improvement Plan

The Performance Improvement Plan (PIP) analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Latin America but nevertheless received relatively low satisfaction ratings:

- Access to health care

- Length of time between making appointment for routine care and day of appointment

- Thoroughness of exam

- Ability to diagnose health care problems

- Thoroughness of treatment

- Provider's explanation of tests

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Chapter
1

Introduction

Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.

- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.

- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

Available Reports Based on the 1998 HCSDB

The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at http://www.TRICARE.OSD.mil.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime heath plan. Findings are also reported by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report**: This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.

- **Summary Reports on Catchment Areas**: There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime heath plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).

- **Medicare Subvention Demonstration Report**: The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

Methodology

Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Latin America sample included 1,260 adults. Overall, 382 Latin America MHS beneficiaries returned completed questionnaires by the due date. The Latin America response rate was 31.0 percent.

Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, http://www.TRICARE.OSD.mil. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care**. Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.

- **Preventive Health Care**. Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.

- **Understanding TRICARE**. Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.

- **Health Plan**. Concerns enrollment in TRICARE Prime, Senior Prime, and Standard/Extra; coverage by supplemental insurance; attitudes toward Prime and Senior Prime; and out-of-pocket-costs.

- **Satisfaction with Health Plan**. Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.

- **Access to Health Care**. Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care; experiences calling for appointments and with long waits in office or clinic waiting rooms.

- **Satisfaction with Health Care**. Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.

- **Your Health**. Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.

- **Facts about You**. Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

Statistical Issues

Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided but are either replaced by double stars (**) or combined with other sample cells so a reliable estimate may be calculated.

Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. Case-mix adjusted estimates in any exhibit in this report are clearly indicated.

Guide to Understanding the Survey Findings

Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome,* variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one "explanatory" variable on a particular outcome.

Exhibits

All the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in Exhibit 2.5, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." The X-axis displays the percent who "agree or strongly agree" that they are satisfied with MTFs or CTFs.

Many of the exhibits in this report focus on three principal groups of TRICARE beneficiaries: Prime enrollees under age 65, non-Prime beneficiaries under age 65, and non-Prime beneficiaries age 65 and over. Senior Prime enrollees are excluded from these analyses because enrollment in Senior Prime was minimal when the 1998 HCSDB was fielded. See the *Medicare Subvention Demonstration Report* for extensive analyses of MHS beneficiaries at sites offering a Senior Prime health plan.

In selected bar graphs, upward-pointing arrows (↑) appear at the top of bars to indicate significantly *higher* rates or averages compared with CONUS MHS overall ($p<0.05$). Downward-pointing arrows (↓) indicate *lower* rates or averages compared with CONUS MHS overall.

Differences in estimates are not described unless the findings are significantly different ($p<0.05$).

Performance Standards

CAHPS Benchmarks

Exhibits 2.1, 2.2, and 3.2 present civilian benchmark data from the CAHPS national benchmarking database, version 1, developed by The Picker Institute. Civilian benchmarks indicate the ratings of personal doctors, health care, and health plans of the beneficiaries of a sample of civilian health plans. In these exhibits, HCSDB results are compared to the relevant civilian benchmark. The benchmarks are unweighted averages of the survey responses to the relevant CAHPS questions contributed to the benchmark database.

Preventive Care Benchmarks

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

Chapter 2

Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDB survey questions:

- The first set of questions is new to the HCSDB. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.

- The second set of questions has been used in HCSDB surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Findings from 1997 and 1998 are presented together. Results are reported in Exhibits 2.3, 2.4, and 2.5.

Key Findings

Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctor or nurse on a scale from 0 to 10, beneficiaries in Latin America gave them an average rating of 8.1. The civilian benchmark is also 8.1.

- Active duty TRICARE Prime enrollees with military PCMs (7.6), were less satisfied with their personal doctors compared with other Latin America beneficiaries and CONUS MHS beneficiaries overall.

Military and Civilian Facilities

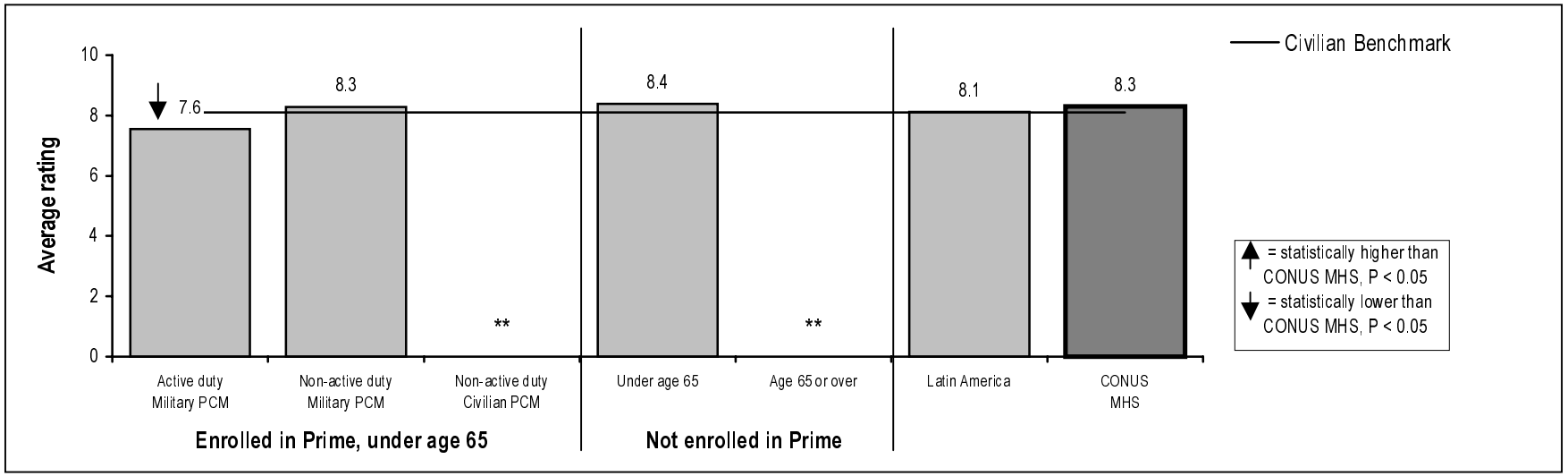
- When asked to rate the facility they use the most on a scale from 0 to 10, Latin America beneficiaries gave MTFs a 7.2 rating and CTFs a rating of 7.6. The CONUS MHS averages were 7.0 for MTFs and 8.2 for CTFs. The civilian benchmark is 8.0. Active duty TRICARE Prime enrollees were the least satisfied with military care. They rated MTFs 7.0. Beneficiaries under age 65 and not enrolled in Prime rated MTFs 8.0.

- Satisfaction with military care improved in 1998. The overall proportion of Latin America beneficiaries who were satisfied with MTFs increased from 59 percent to 76 percent. Satisfaction increased for all beneficiary groups, including TRICARE Prime enrollees, whether active duty (from 60 to 75 percent) or non-active duty (from 47 to 74 percent).

- In Latin America and throughout all regions, beneficiaries were more satisfied with care from CTFs than from MTFs. Satisfaction with MTFs ranged from 59 percent in Region 5 to 75 percent in Latin America. Satisfaction with CTFs ranged from 72 percent in Asia to 88 percent in Region 6, 82 percent in Latin America.

2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
Beneficiaries with a personal doctor or nurse (including a PCM)

Sample size:
124

Vertical axis:
Average rating of personal doctor or nurse from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
Active duty status, military or civilian PCM, TRICARE Prime enrollment, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of Latin America beneficiaries are more satisfied with their PCM or personal doctor or nurse than others in the region and in the CONUS MHS overall

Findings:

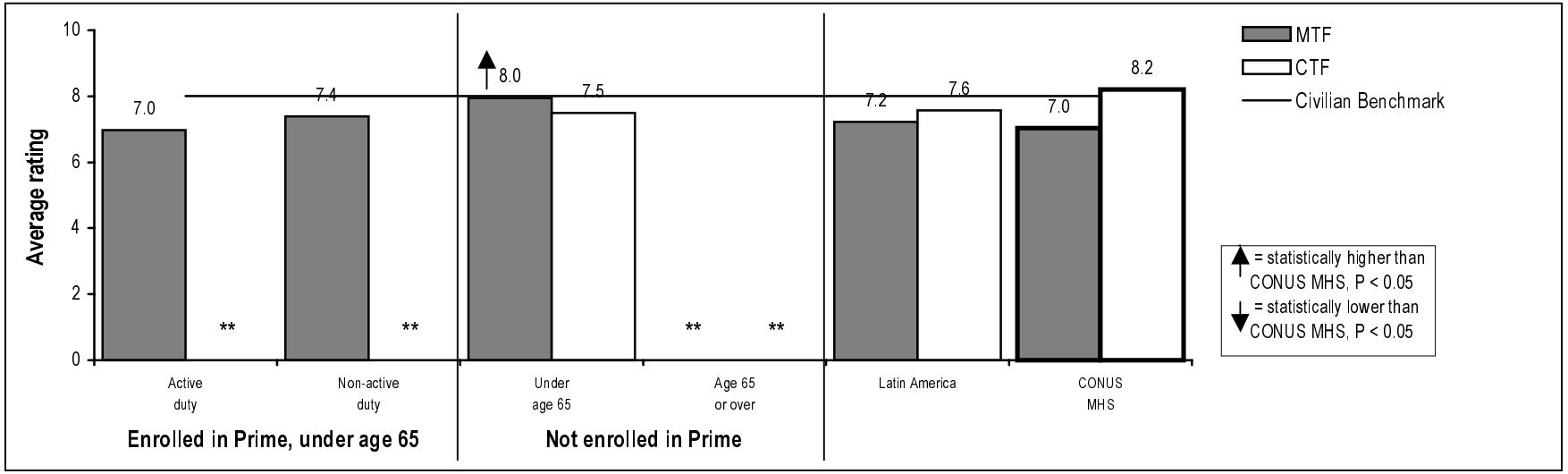
When asked to rate their doctor or nurse on a scale of 0 to 10, beneficiaries in Latin America gave their providers an 8.1 rating, which is below the overall CONUS MHS rating of 8.3. The civilian benchmark, shown by the horizontal line, is 8.1.

Active duty TRICARE Prime enrollees with a military PCM rated their personal doctors lowest (7.6).

Beneficiaries under age 65 and not enrolled in Prime were the most satisfied group, rating their personal doctors 8.4. The sample size was too small for reliable estimates of personal doctor ratings for non-active duty enrollees with a civilian PCM and non-enrollees age 65 and over.

2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).



Population:
Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:
351

Vertical axis:
Average rating of MTFs and CTFs from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of Latin America beneficiaries are more satisfied with MTFs and CTFs compared with others in the region

Findings:

Beneficiaries in Latin America gave MTFs a rating of 7.2 and CTFs a rating of 7.6. The civilian benchmark, shown by the horizontal line, is 8.0.

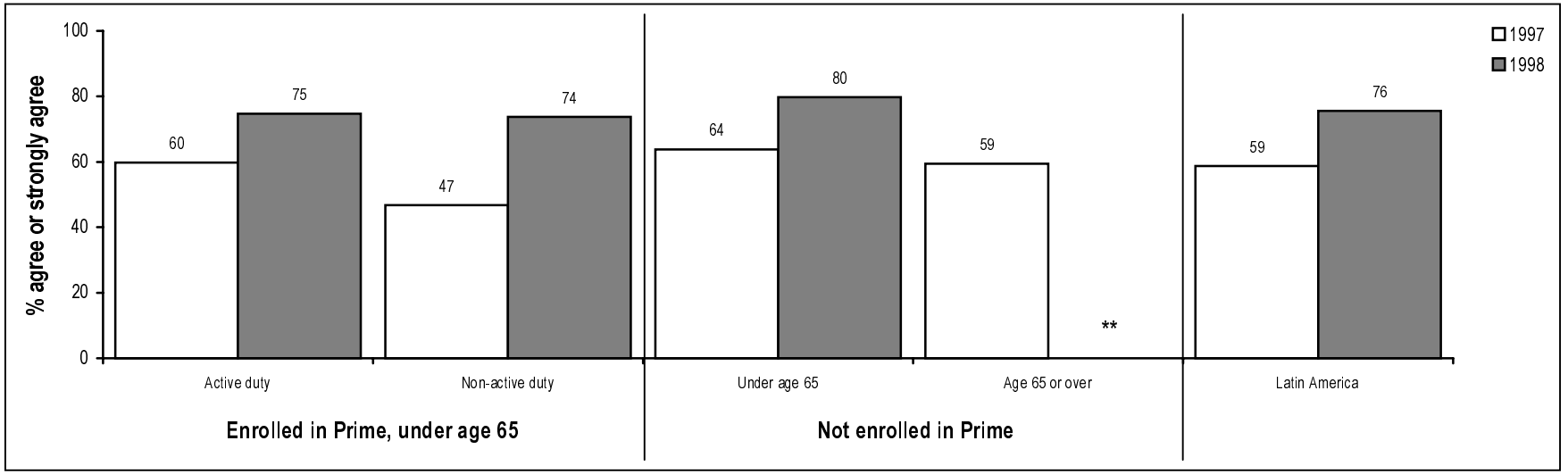
Beneficiaries under age 65 and not enrolled in TRICARE Prime were the group most satisfied with MTFs and CTFs. Their rating of MTFs (8.0) was significantly higher than the CONUS MHS average.

Active duty enrollees rated MTFs 7.0, the lowest rating among beneficiary groups.

The sample size was too small for reliable estimates of active duty and non-active duty enrollee ratings of CTFs, and for ratings of nonenrolled beneficiaries age 65 and over.

2.3 Satisfaction with Military Care, 1997 - 1998

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?



Population:
Beneficiaries who received care at a MTF in the past 12 months

Sample size:
1997 – 828
1998 – 292

Vertical axis:
Percent who "agree or strongly agree" that they are satisfied with the health care they received at military facilities

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- Overall satisfaction with MTFs among different groups of MHS beneficiaries
- Whether some groups of Latin America beneficiaries are more satisfied than others
- Whether satisfaction with MTFs improved from 1997 to 1998

Findings:

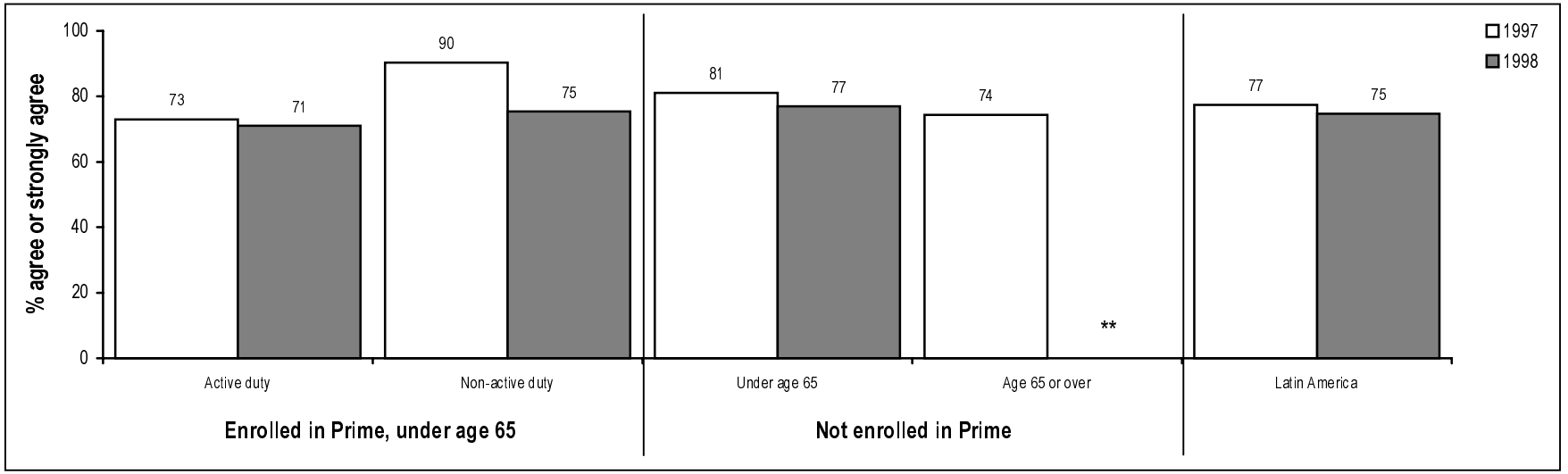
Satisfaction with MTFs in Latin America increased from 59 percent in 1997 to 76 percent in 1998.

Beneficiaries enrolled in TRICARE Prime reported significant increases in satisfaction with MTFs. Active duty satisfaction increased from 60 percent to 75 percent, and non-active duty satisfaction increased from 47 percent to 74 percent.

Beneficiaries under age 65 and not enrolled in TRICARE Prime also reported increased satisfaction with MTFs, from 64 percent in 1997 to 80 percent in 1998.

2.4 Satisfaction with Civilian Care, 1997 - 1998

Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:
Beneficiaries who received care at a CTF in the past 12 months

Sample size:
1997 – 468
1998 – 143

Vertical axis:
Percent who "agree or strongly agree" that they are satisfied with the health care they received at civilian facilities

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- Overall satisfaction with CTFs among different groups of MHS beneficiaries
- Whether some groups of Latin America beneficiaries are more satisfied than others
- Whether satisfaction with CTFs improved from 1997 to 1998

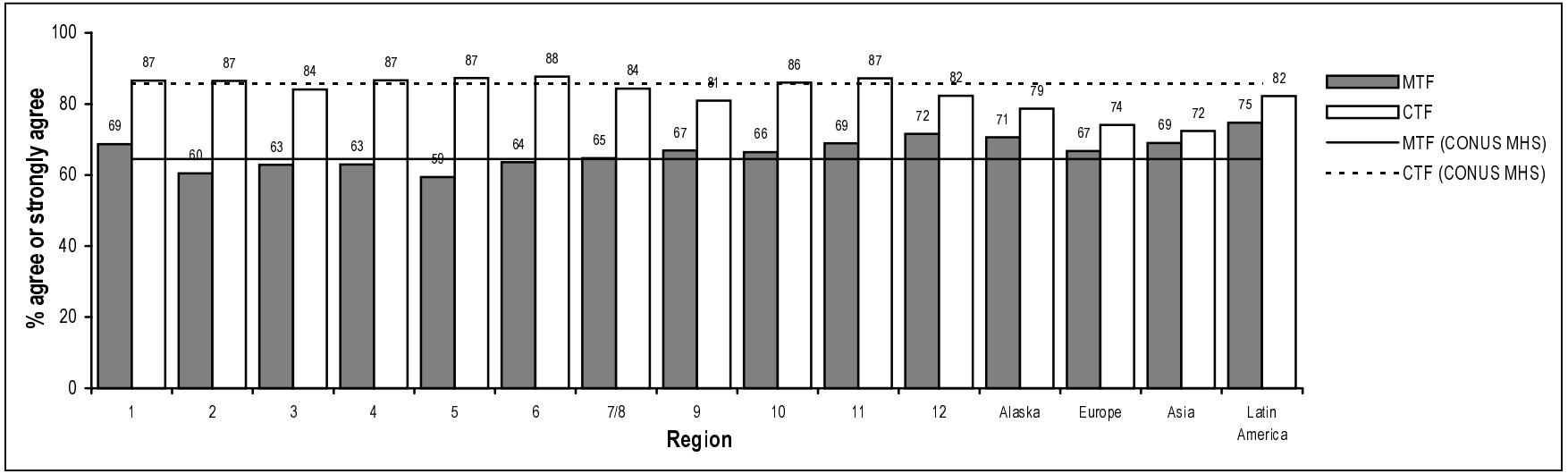
Findings:

Overall, satisfaction with CTFs in Latin America was similar in 1997 (77 percent) and 1998 (75 percent).

Little variation in satisfaction with CTFs was reported in 1998. Rates ranged from 71 percent for active duty TRICARE Prime enrollees to 77 percent for beneficiaries under age 65 and not enrolled in Prime.

2.5 Satisfaction with Military and Civilian Care, by Region

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?
Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:
Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:
61,097

Vertical axis:
Percent who "agree or strongly agree" that they are satisfied with MTFs or CTFs. Note that percents are adjusted to control for regional differences in age and health status.

Horizontal axis:
All regions

What the exhibit shows:

- How satisfaction with MTFs and CTFs in Latin America compares with other regions controlling for regional differences in age and health status
- Whether MHS beneficiaries are more or less satisfied with MTFs compared with CTFs

Findings:

In Latin America and all other regions, beneficiaries reported greater satisfaction with CTFs than with MTFs. The difference in satisfaction was 20 percentage points or more in six regions. In Latin America the difference in satisfaction was 7 percentage points.

Satisfaction with military care ranged from 59 percent in Region 5 to 75 percent in Latin America.

Satisfaction with civilian care ranged from 72 percent in Asia to 88 percent in Region 6.

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Chapter
3

Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they "used the most" in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries currently enrolled in TRICARE Prime responded to the question: "How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?" It also shows how non-active duty beneficiaries *not* currently enrolled in TRICARE Prime responded to the question asking: "How likely are you to enroll in TRICARE Prime in the next 12 months?"

- Exhibit 3.2 shows how enrollees rated the health plan they used the most using a scale "from 0 to 10 where 0 is the worst and 10 is the best." Also shown is the variation in ratings by type of health plan; TRICARE Prime, Standard/Extra, Medicare, or other insurance.

- Exhibit 3.3 shows how overall health plan satisfaction varies among regions.

- Exhibit 3.4 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998. The findings are presented by region.

Key Findings

TRICARE Prime Enrollment Intentions

- The sample was too small to estimate reliably Latin America beneficiaries' intentions about TRICARE Prime enrollment.

Satisfaction with Health Plan

- Health plan satisfaction is generally low. When asked to rate the health plan they use the most on a scale from 0 to 10, Latin America beneficiaries gave their health plans an average rating of 6.1, less than the CONUS MHS average of 6.6. The civilian benchmark is 7.3.

- Latin America beneficiaries who use "other insurance" most often rate their health plans more highly than beneficiaries who use a TRICARE plan. "Other insurance" was rated 7.2.

- In contrast, beneficiaries who use a TRICARE plan most often were less satisfied. Active duty enrollees under age 65 rated TRICARE Prime 6.0. Their non-active duty counterparts gave TRICARE Prime a 6.7 rating. Standard/Extra beneficiaries rated their health plan 5.1.

Knowledge and Understanding of TRICARE

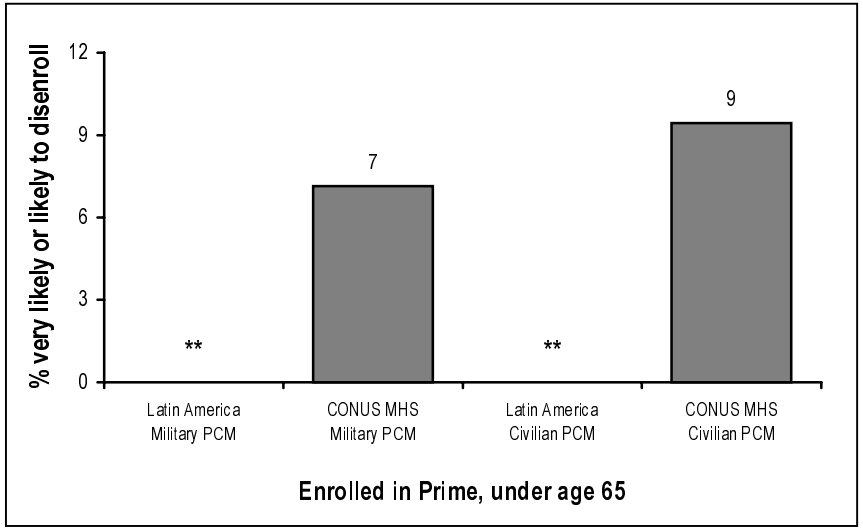
- Understanding of TRICARE improved in every region between 1997 and 1998. When asked, "How well do you feel you understand TRICARE overall," the proportion of beneficiaries from Latin America with "no understanding" dropped from 41 percent to 32 percent.

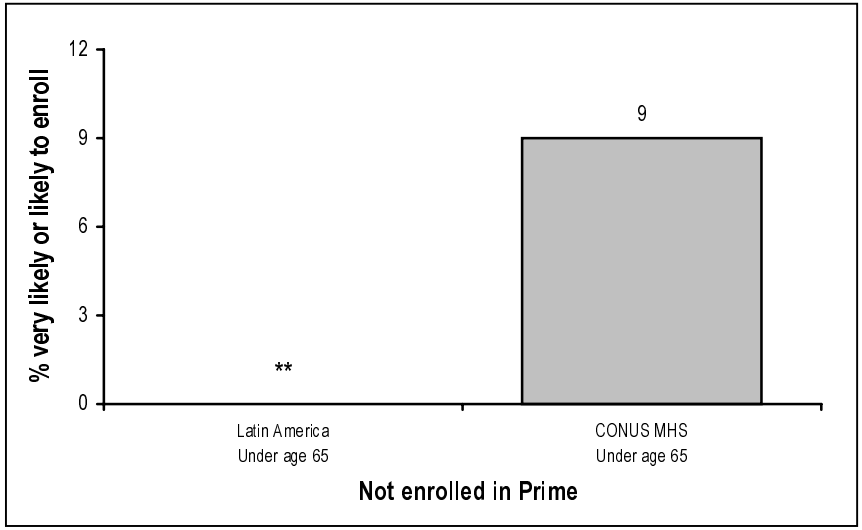
- Despite the widespread improvement in TRICARE understanding, findings in every MHS region indicate that more than one in five MHS beneficiaries (at a minimum 21 percent) say they have "no understanding of TRICARE".

3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

Q.37: If you are currently enrolled in TRICARE Prime, how likely are you to disenroll in TRICARE Prime for a different type of insurance coverage in the next 12 months?

Q.39: If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?





Population:
Non-active duty beneficiaries under age 65

Sample size:
112

Vertical axis:
In the left chart, the percent of TRICARE Prime enrollees who are "very likely or likely" to disenroll from TRICARE Prime. In the right graph, the percent of non-TRICARE Prime beneficiaries who are "very likely or likely" to enroll in TRICARE Prime.

Horizontal axis:
Military or civilian PCM, TRICARE Prime enrollment, age, Region and CONUS MHS overall

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows (on the left):

- Whether TRICARE Prime enrollees, with the option to disenroll from TRICARE Prime, plan to disenroll
- How likelihood to disenroll from TRICARE Prime varies by type of PCM
- Whether TRICARE Prime enrollees are more likely to disenroll than other TRICARE Prime enrollees in CONUS MHS overall

What the exhibit shows (on the right):

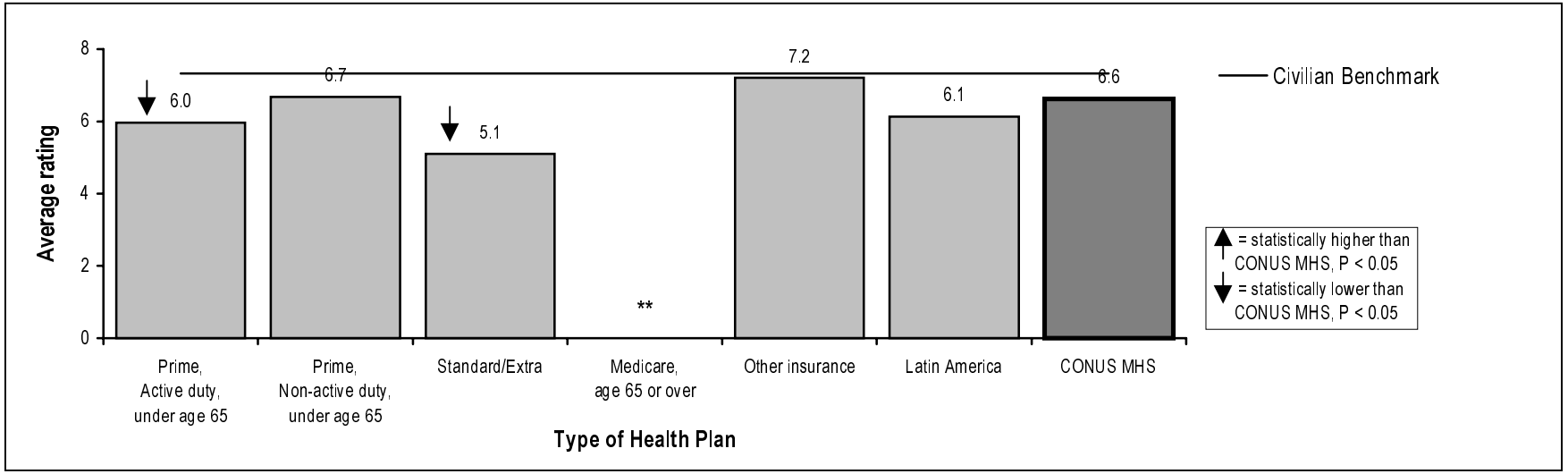
- Whether beneficiaries are more likely to enroll in TRICARE Prime than others in CONUS MHS overall

Findings:

The sample in Latin America was too small for a reliable estimate of intentions to enroll in or disenroll from TRICARE Prime.

3.2 Average Ratings of Health Plan, by Type of Health Plan Used Most Often

Q.50: Which health care plan did you use most in the last 12 months?
Q.73: How do you rate your health plan now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
All beneficiaries

Sample size:
355

Vertical axis:
Average rating of health plan from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
Active duty status, TRICARE Prime enrollment, type of health plan, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- How MHS beneficiaries in Latin America and in the CONUS MHS overall rate the health plan they use the most
- If some health plans are more highly rated by Latin America MHS beneficiaries than other health plans

Findings:

When asked to rate the health plan they use the most on a scale from 0 to 10, beneficiaries in Latin America gave their health plans an average rating of 6.1, which is lower than the CONUS MHS average of 6.6. The civilian benchmark, shown by the horizontal line, is 7.3.

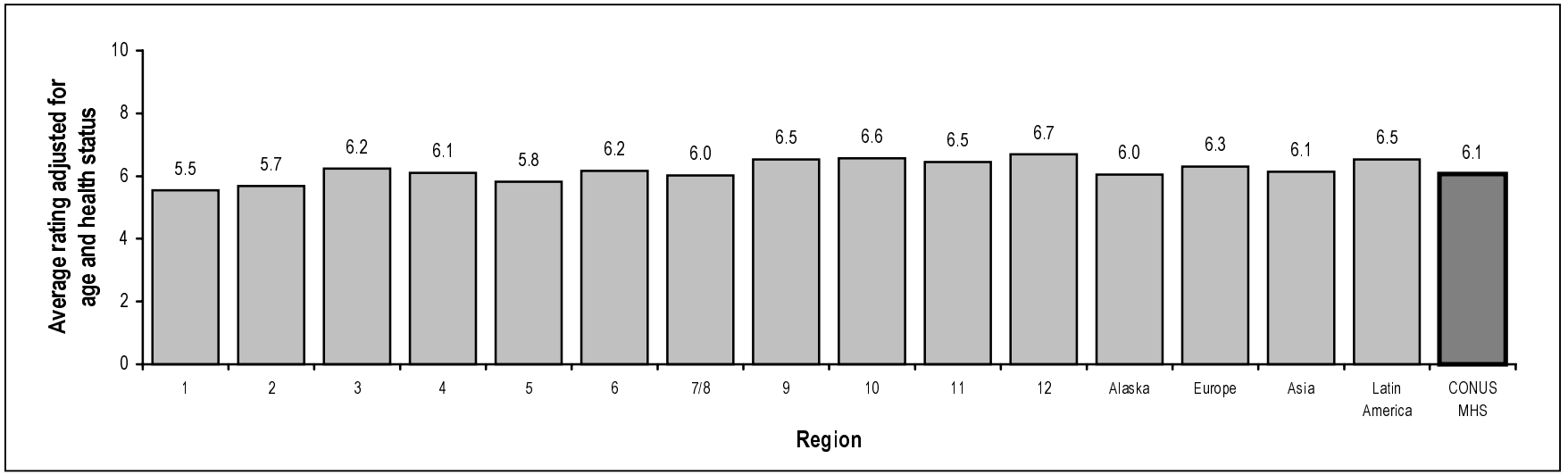
Beneficiaries who use "other insurance" the most rated their health plans higher (7.2) than those who use a TRICARE plan.

TRICARE Standard/Extra users rated their health plan lowest (5.1) of all beneficiary groups in Latin America. Active duty TRICARE Prime enrollees (6.0) also rated their health plan significantly below the CONUS MHS average.

3.3 Enrollees' Ratings of TRICARE Prime Adjusted for Age and Health Status, by Region

Q.50: Which health care plan did you use most in the last 12 months?

Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Usinga scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
TRICARE Prime enrollees

Sample size:
43,132

Vertical axis:
Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best. Note that ratings are adjusted to control for regional differences in age and health status.

Horizontal axis:
All regions and CONUS MHS overall

What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some regions than in others

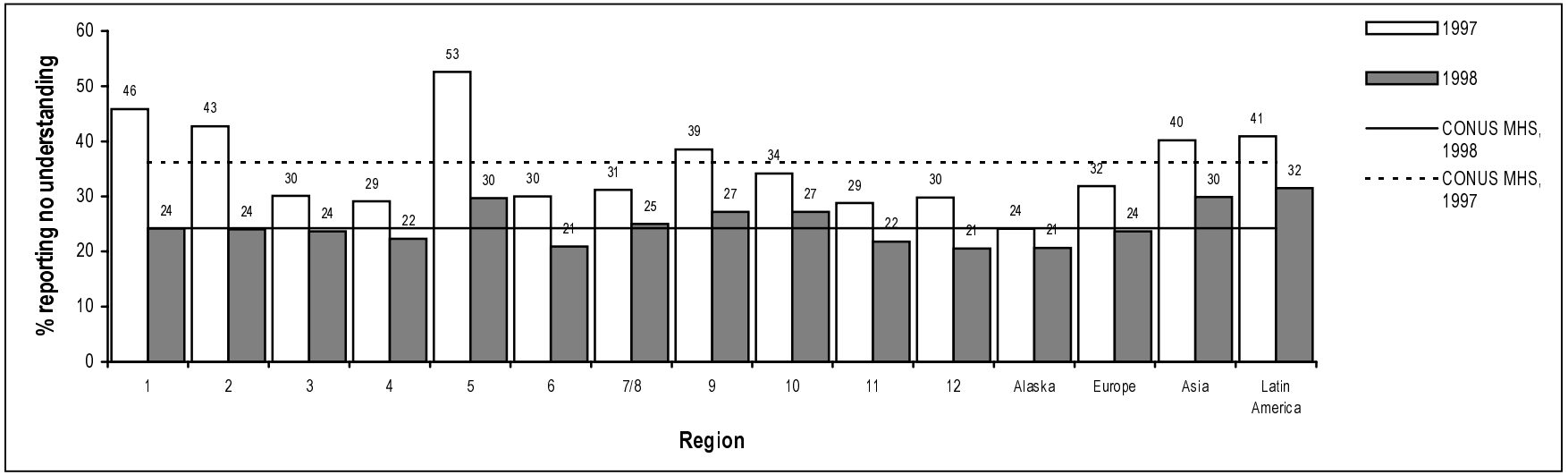
Findings:

TRICARE Prime enrollees in Latin America gave Prime a rating of 6.5. The CONUS MHS average was 6.1.

Enrollee ratings of TRICARE Prime ranged from 5.5 in Region 1 to 6.7 in Region 12.

3.4 Beneficiaries' Reporting No Understanding of TRICARE, by Region, 1997-1998

Q.32: How well do you feel you understand TRICARE overall?



Population:
All beneficiaries

Sample size:
1997 – 76,835
1998 – 66,192

Vertical axis:
Percent who report "no understanding" of TRICARE Prime. Note that percents are adjusted to control for regional differences in age and health status.

Horizontal axis:
All regions and CONUS MHS overall

What the exhibit shows:

- The proportion of MHS beneficiaries who report *not* understanding the TRICARE system
- If understanding of TRICARE improved from 1997 to 1998
- How understanding of TRICARE in Latin America compares with understanding in other regions

Findings:

Thirty-two percent of beneficiaries in Latin America reported "no understanding" of TRICARE Prime in 1998, the highest percentage among regions. In 1997, 41 percent of beneficiaries reported "no understanding".

Despite the improvement, more than 20 percent of MHS beneficiaries in every region said they have "no understanding" of TRICARE.

Chapter
4

Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF) (see Exhibit 4.1).

- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who reported "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.

- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem" is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.

- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked, "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem" is shown by type of health plan in Exhibit 4.4.

Key Findings

Waiting Times

- Ninety-six percent of beneficiaries who use MTFs and 89 percent who use CTFs reported getting well patient appointments within 4 weeks. There was little variation in access to well-patient care at MTFs. The proportion waiting less than 4 weeks for a MTF appointment ranged from 87 percent for beneficiaries under age 65 and not enrolled in Prime to 98 percent for active duty TRICARE Prime enrollees.

- Nineteen percent of beneficiaries in Latin America reported usually or always waiting more than 30 minutes to be seen at a MTF, 27 percent at a CTF. Twenty percent of active duty TRICARE Prime enrollees reported long waits at MTFs.

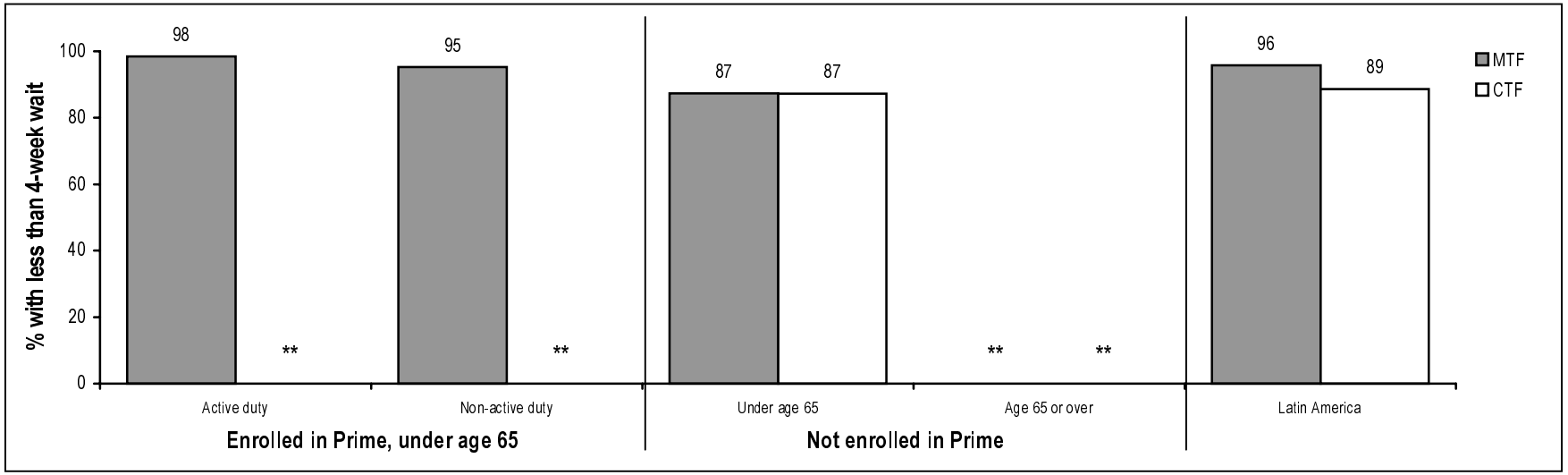
Access to Health Care

- Access to specialty care is most problematic among TRICARE Prime enrollees. One in four active duty TRICARE Prime enrollees (25 percent) reported having a "big problem" getting a referral to see a specialist. Nine percent of the users of "other insurance" reported "big problems".

- TRICARE Prime enrollees were also the beneficiary group most likely to report problems getting care they or a doctor felt "necessary". In Latin America, 8 percent of active duty TRICARE Prime enrollees said they had a "big problem" getting access to needed care, less than their counterparts in CONUS MHS, but more than users of Standard/Extra or "other insurance" (1 percent).

4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider…for a well-patient visit, such as a physical?



Population:
Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:
272

Vertical axis:
Percent who reported waiting less than 4 weeks for a well-patient visit

Horizontal axis:
TRICARE Prime enrollment, active duty status, age, and region overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other MHS beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs

Findings:

Most beneficiaries in Latin America reported a usual wait for well-patient visits of less than the 4-week TRICARE standard at both MTFs (96 percent) and CTFs (89 percent).

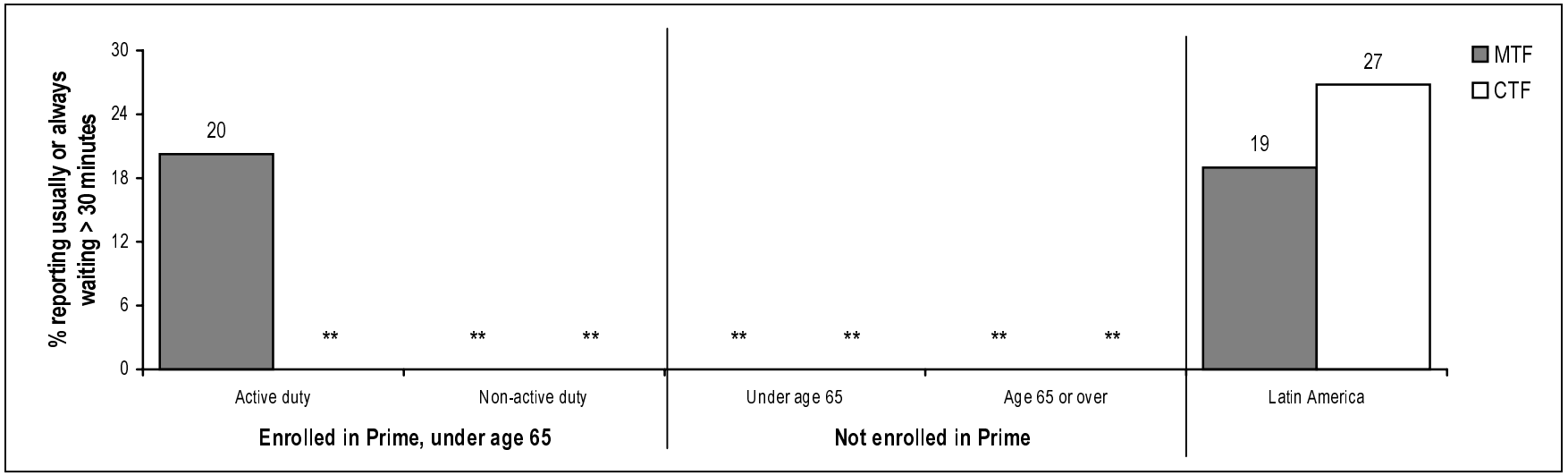
Ninety-eight percent of active duty enrollees reported waiting less than 4 weeks for a well-visit at a MTF.

The sample was too small to estimate the proportion of TRICARE Prime enrollees waiting less than 4 weeks for a well-patient appointment at a CTF.

4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

Q.74: What type of facility did you go to most often for health care, or advice on health care?

Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?



Population:
Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:
330

Vertical axis:
Percent who "usually or always" wait more than 30 minutes past scheduled appointment time

Horizontal axis:
TRICARE Prime enrollment, active duty status, age, and region overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other MHS beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If MHS beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs

Findings:

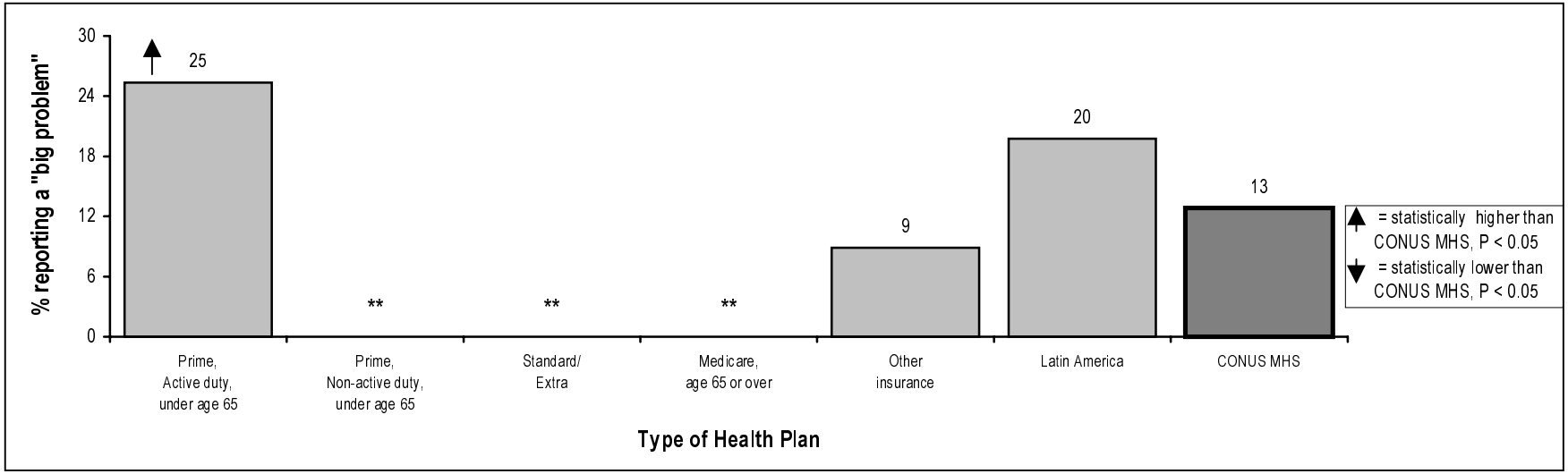
In Latin America, 19 percent of beneficiaries reported usually or always waiting more than 30 minutes past the appointed time to be seen in a MTF, 27 percent in a CTF.

Twenty percent of active duty enrollees reported long waits at MTFs.

The sample was too small to yield reliable estimates for other beneficiary groups.

4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

Q.50: Which health care plan did you use most in the last 12 months?
Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?
Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?



Population:
Beneficiaries who needed to see a specialist in the past 12 months

Sample size:
154

Vertical axis:
Percent who said they had a "big problem", getting a referral to a specialist

Horizontal axis:
TRICARE Prime enrollment, active duty status, type of health plan, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- If beneficiaries are more likely to have problems getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in Latin America than in CONUS MHS overall

Findings:

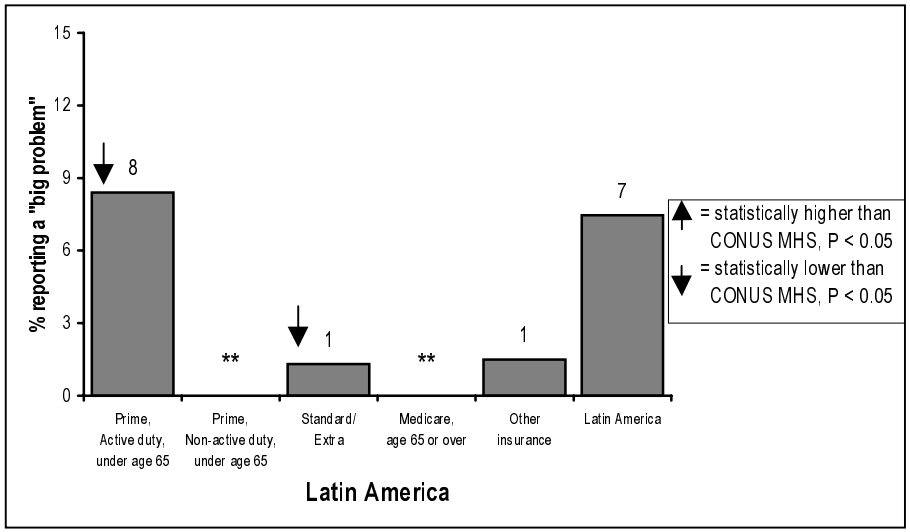
Twenty percent of Latin America beneficiaries reported having a "big problem" getting referrals to specialists, more than the CONUS MHS average of 13 percent.

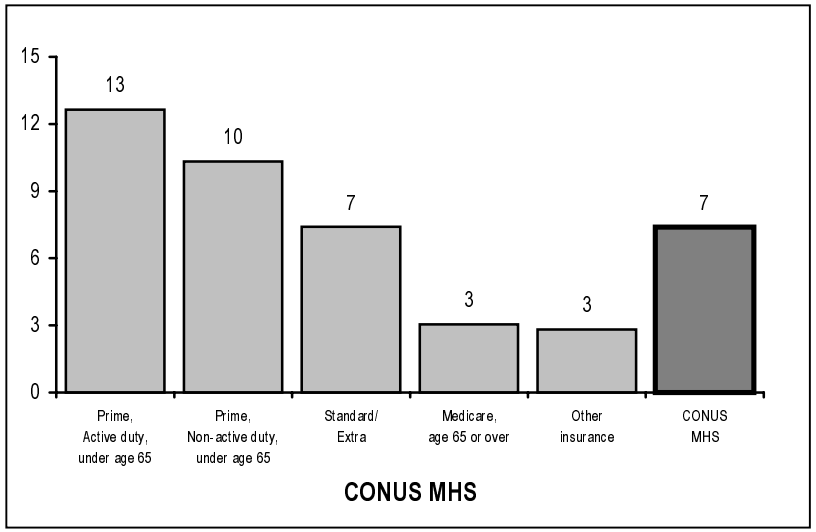
Among active duty enrollees, one in four (25 percent) reported a problem in getting necessary care, which is significantly higher than the CONUS MHS average.

Nine percent of beneficiaries who use other insurance reported a "big problem" getting referrals to specialists.

4.4 Problems Getting Necessary Care, by Type of Health Plan

Q.50: Which health plan did you use most in the last 12 months?
Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?





Population:
Beneficiaries who received care at an MTF or CTF in the past 12 months

Sample size:
285

Vertical axis:
The percent who said they had a "big problem" getting necessary care

Horizontal axis:
TRICARE Prime enrollment, active duty status, type of health plan, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- If MHS beneficiaries are more likely to have problems getting care in some health plans compared with the same health plans in other regions
- If problems getting care are experienced throughout CONUS MHS
- Statistical comparisons, indicated by arrows, are between the findings for Latin America health plans and the corresponding aggregate findings for the same health plans throughout CONUS MHS.

Findings:

Seven percent of Latin America beneficiaries reported problems getting necessary care, which is equal to the overall CONUS MHS average.

Eight percent of TRICARE Prime enrollees reported a "big problem" in getting access to necessary care, significantly fewer than their counterparts in CONUS MHS.

In contrast, 1 percent of both Standard/Extra users and users of "other insurance" reported a "big problem" in getting access to needed care.

Chapter
5

Health Status and Health Care Use

This chapter documents HCSDB findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use, outpatient visits, inpatient stays, and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDB incorporated questions from the SF-12, a widely-used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.

- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other Latin America beneficiaries are presented by type of facility (MTF or CTF) (see Exhibit 5.2).

- **Trend in Outpatient Visits**—The average number of MTF and CTF outpatient visits per MHS beneficiary in 1997 and 1998 is shown in Exhibits 5.3 and 5.4. Visit averages for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, beneficiaries not enrolled in TRICARE Prime, and Latin America and CONUS MHS overall are presented separately.

- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.5).

Key Findings

Physical and Mental Health

- Latin America beneficiaries appear to be in similar physical health to their civilian counterparts. Forty-eight percent have a physical health score below the 50th percentile score for the U.S. population.

- Latin America beneficiaries scored substantially higher in mental health than their peers in the U.S. population. Overall, 40 percent had mental health scores below the 50th percentile score for the U.S. population.

Outpatient Utilization

- Twenty-seven percent of Latin America beneficiaries reported using a MTF emergency room at least once in the past 12 months and 6 percent reported using a CTF emergency room. In CONUS MHS, 12 percent of beneficiaries used a MTF emergency room and 14 percent used a CTF emergency room.

- Beneficiaries in Latin America made an average of 5.2 outpatient visits to MTFs in 1998, while the CONUS MHS rate was 3.2 visits.

- MTF visit rates ranged from 3.8 visits by beneficiaries under age 65 and not enrolled in Prime to 6.9 visits by non-active duty Prime enrollees. The sample was too small to estimate a visit rate for beneficiaries age 65 or over.

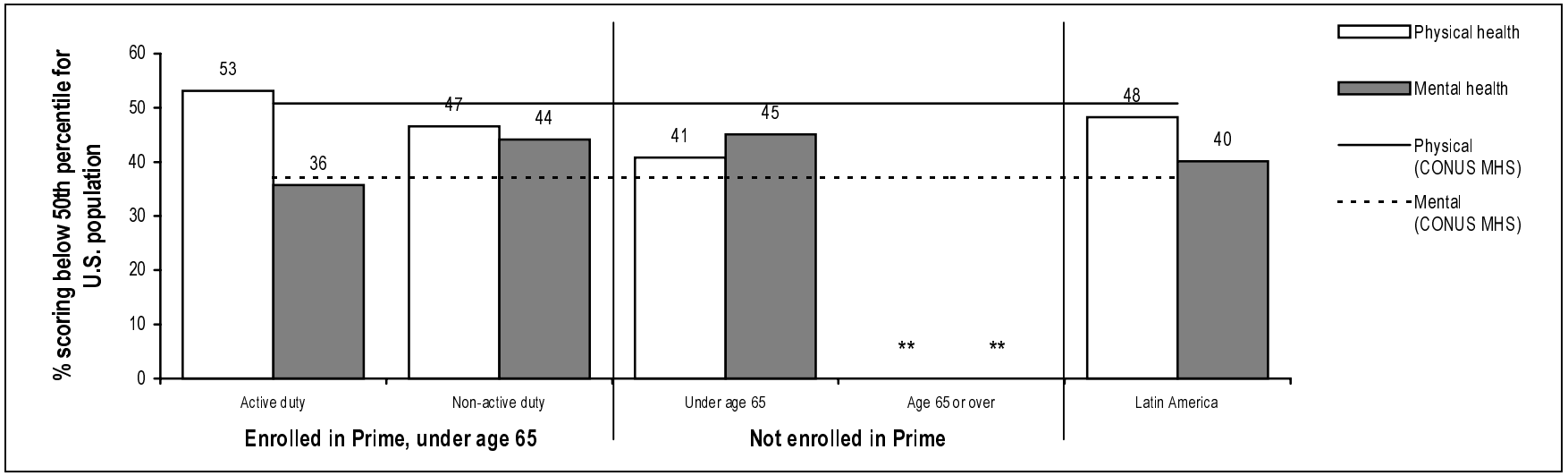
- The average number of outpatient visits to CTFs by Latin America beneficiaries was 2.1 in 1997 and 2.2 in 1998. The CONUS MHS rate increased from 4.7 to 5.2 during that time.

Use of Military Pharmacies

- Only 2 percent of Latin America beneficiaries used military pharmacies to fill civilian prescriptions, compared to the CONUS rate of 12 percent. There was little meaningful variation in military pharmacy use among beneficiary groups with sample size sufficient to produce reliable estimates.

5.1 Physical and Mental Health Status of Beneficiaries in Latin America Relative to the U.S. Population, by Enrollment Status

This chart presents a composite response to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.



Population:
All beneficiaries

Sample size:
361

Vertical axis:
Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50th percentile score for the overall adult U.S. population

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- How the overall physical and mental health status of beneficiaries in Latin America compares with that of the general U.S. population
- How the physical and mental health of TRICARE Prime enrollees compares with that of other beneficiaries

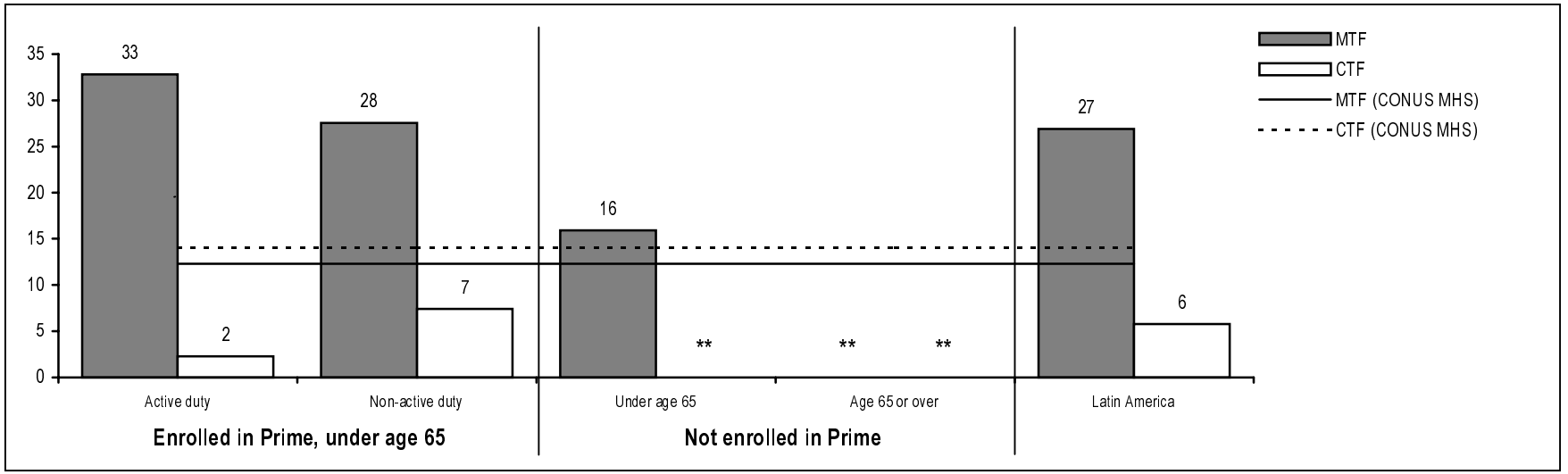
Findings:

Latin America beneficiaries appear to be in similar physical health to their civilian counterparts. Forty-eight percent have a physical health score below the 50th percentile score for the U.S. population.

Latin America beneficiaries scored substantially higher in mental health than their peers in the U.S. population. Overall, 40 percent had mental health scores below the 50th percentile score for the U.S. population.

5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

Q.11: How many times did you go to a military emergency room to get care for yourself?
Q.13: How many times did you go to a civilian emergency room for your own care?



Population:
All beneficiaries

Sample size:
379

Vertical axis:
Percent who had a least one emergency room visit to a military or civilian facility

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other MHS beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms

Findings:

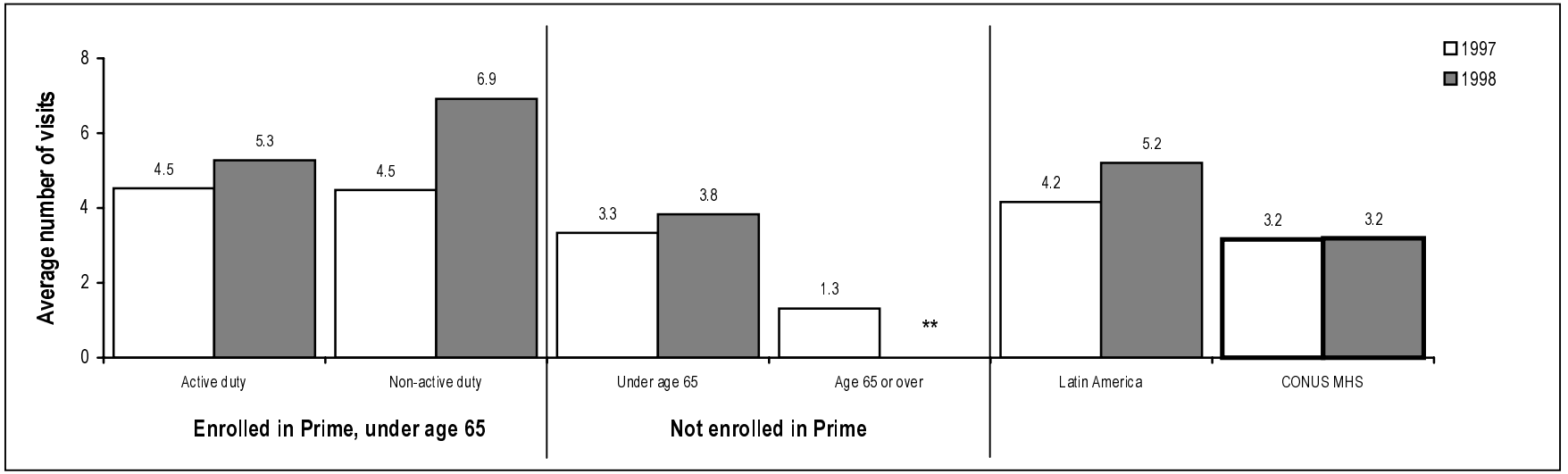
In Latin America, 27 percent of beneficiaries reported using a MTF emergency room at least once in the past 12 months. Six percent reported using a CTF emergency room in the same time period. In CONUS MHS, 12 percent of beneficiaries used a MTF emergency room and 14 percent used a CTF emergency room.

Thirty-three percent of active duty TRICARE Prime enrollees reported a MTF emergency room visit, while twenty-eight percent of non-active duty enrollees reported using a MTF emergency room. Two percent of active duty enrollees and 7 percent of non-active duty enrollees reported a CTF emergency room visit.

Sixteen percent of beneficiaries under age 65 and not enrolled in Prime reported using a MTF emergency room.

5.3 Average Number of Outpatient Visits to a Military Treatment Facility, by Enrollment Status, 1997-1998

Q.7: How many outpatient visits did you make to a military health professional or health care facility?



Population:
All beneficiaries

Sample size:
1997 – 1,032
1998 – 369

Vertical axis:
Average number of outpatient visits to a MTF per beneficiary in 1997 and 1998

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- The average number of outpatient visits to MTFs by beneficiaries in Latin America
- If outpatient use of MTFs in Latin America changed from 1997 to 1998
- If some groups of Latin America beneficiaries use MTFs more than others

Findings:

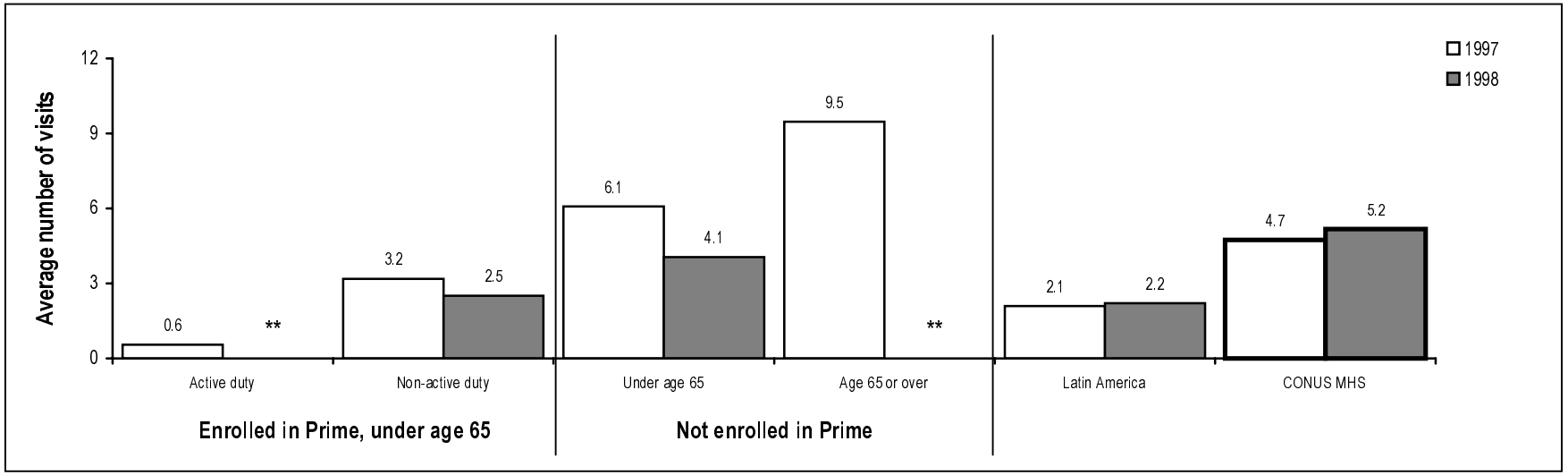
Beneficiaries in Latin America made 5.2 outpatient visits to MTFs in 1998, more than the overall CONUS MHS average of 3.2 visits.

In 1998, outpatient visit rates ranged from 3.8 visits for beneficiaries under age 65 and not enrolled in Prime to 6.9 visits for non-active duty enrollees, among beneficiary groups for whom reliable visit rates could be estimated.

In 1997, visit rates ranged from 1.3 for beneficiaries age 65 or over and not enrolled in Prime to 4.5 for TRICARE Prime enrollees.

5.4 Average Number of Outpatient Visits to a Civilian Treatment Facility, by Enrollment Status, 1997-1998

Q.9: How many outpatient visits did you make to a civilian health professional or health care facility?



Population:
All beneficiaries

Sample size:
1997 – 1,053
1998 – 373

Vertical axis:
Average number of outpatient visits to a CTF per beneficiary in 1997 and 1998

Horizontal axis:
Active duty status, TRICARE Prime enrollment, age, and region and CONUS MHS overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- The average number of outpatient visits to CTFs by beneficiaries in Latin America
- If outpatient use of CTFs in Latin America changed from 1997 to 1998
- If some groups of Latin America beneficiaries use CTFs more than others

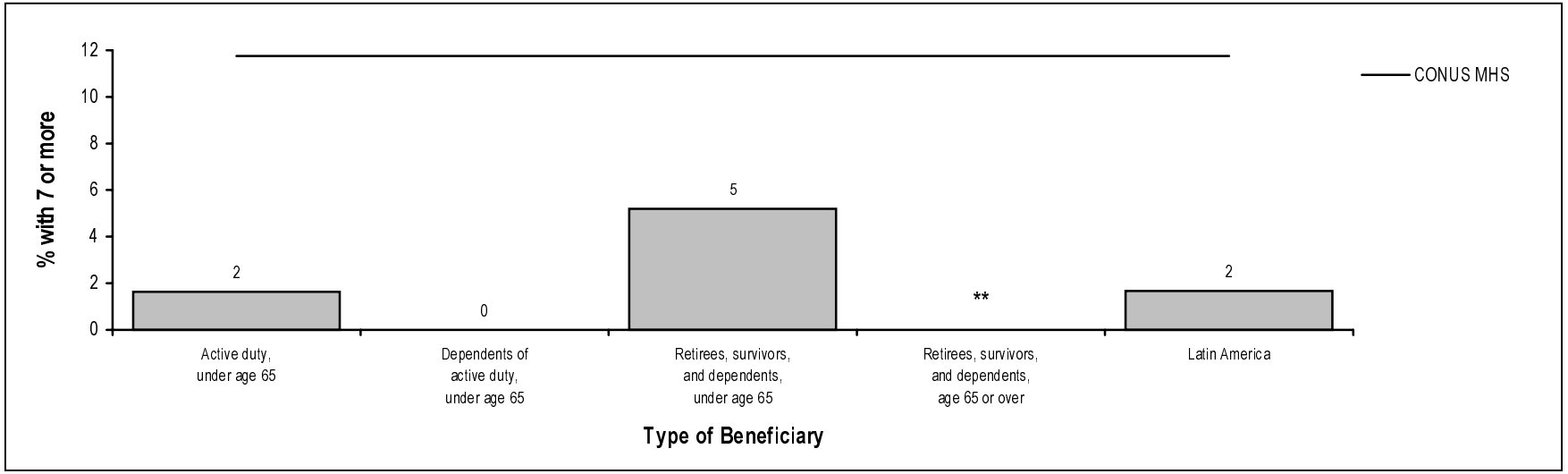
Findings:

Beneficiaries in Latin America made an average of 2.2 outpatient visits to CTFs in 1998, less than the CONUS MHS average of 5.2 visits, and similar to their 1997 average of 2.1 visits.

Active duty CTF use appears quite low. Only 0.6 visits were made by active duty TRICARE Prime enrollees in 1997. In 1998, the sample was too small to produce a reliable estimate of the active duty visit rate.

5.5 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?



Population:
All beneficiaries

Sample size:
377

Vertical axis:
Percent who reported getting 7 or more civilian provider prescriptions (or refills) from a military pharmacy

Horizontal axis:
Type of beneficiary, age and Latin America overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- If beneficiaries in Latin America frequently use military pharmacies to fill civilian prescriptions
- If some groups of Latin America beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- If such use of military pharmacies is more prevalent in Latin America versus CONUS MHS overall

Findings:

Two percent of Latin America beneficiaries filled at least 7 civilian prescriptions in a military pharmacy, which is below the overall CONUS MHS average of 12 percent.

The sample of retirees, survivors, and dependents age 65 or over was too small to produce a reliable estimate of their military pharmacy use.

Variation among other beneficiary groups is not significant.

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Chapter
6

Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

The findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). The Healthy People 2000 goals are indicated by hatched lines; findings for CONUS MHS overall are indicated by solid lines.

Exhibits 6.1, 6.2, 6.5, and 6.6, show regional variation in the use of prenatal care, screening for breast cancer screening and prostate disease, and flu shots. Exhibits 6.3 and 6.4 show results for cervical cancer and hypertension screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries.

Since national goals for prostate disease screening have not been established, a hatched line does not appear in Exhibit 6.6. However, the prostate findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

Key Findings

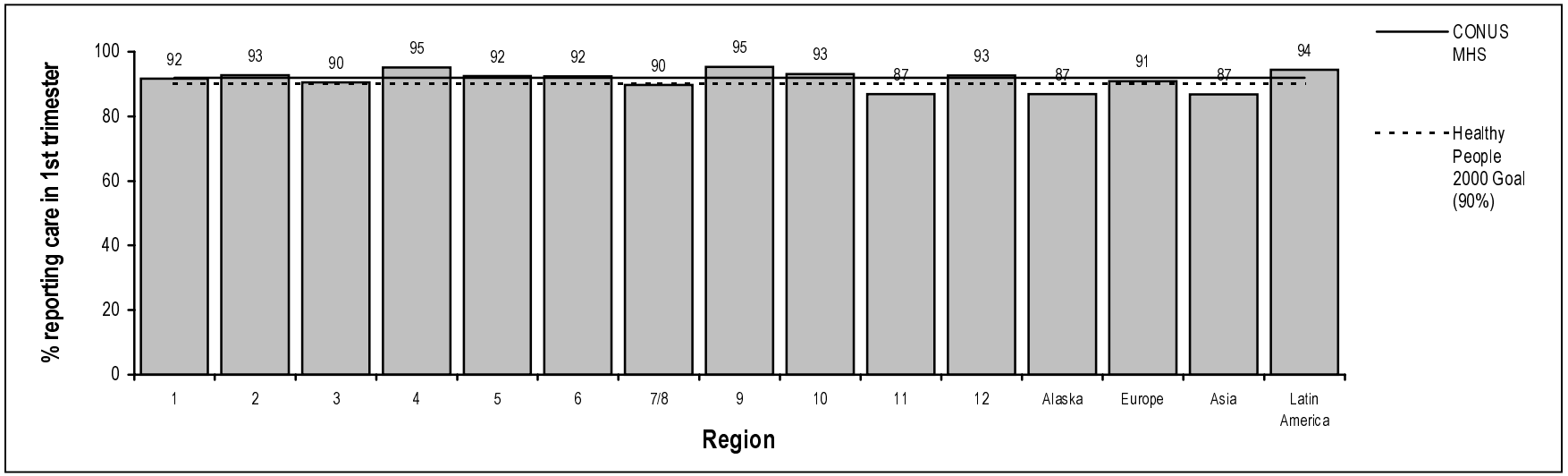
- MHS delivery of preventive services in Latin America meets or exceeds the goals set by *Healthy People 2000* for hypertension screening, breast and cervical cancer screening, and prenatal care.
- Ninety-four percent of pregnant women in Latin America reported first trimester prenatal care.
- Eighty percent of women age 50 and over in Latin America were screened for breast cancer in the previous two years.
- Ninety-two percent of women had a Pap smear in the past 3 years. TRICARE Prime enrollees with military PCMs had the highest Pap smear rate (100 percent) compared with other beneficiary groups in Latin America.
- Ninety percent of beneficiaries had a blood pressure reading in the past 2 years and knew if their blood pressure was too high.

- Reliable estimates of flu shot rates could not be obtained for Latin America.

- Latin America ranked fourth among the regions in rates of prostate screening. Sixty-eight percent of men age 50 and over were screened for prostate disease in the past 12 months.

6.1 Timing of First Prenatal Care, by Region

Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?



Population:
Female beneficiaries, age 18 and over, who reported being pregnant "now" or in the past 12 months

Sample size:
3,121

Vertical axis:
Percent who had prenatal care in their first trimester of pregnancy

Horizontal axis:
All regions

What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by region
- If Latin America and the MHS overall meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

Findings:

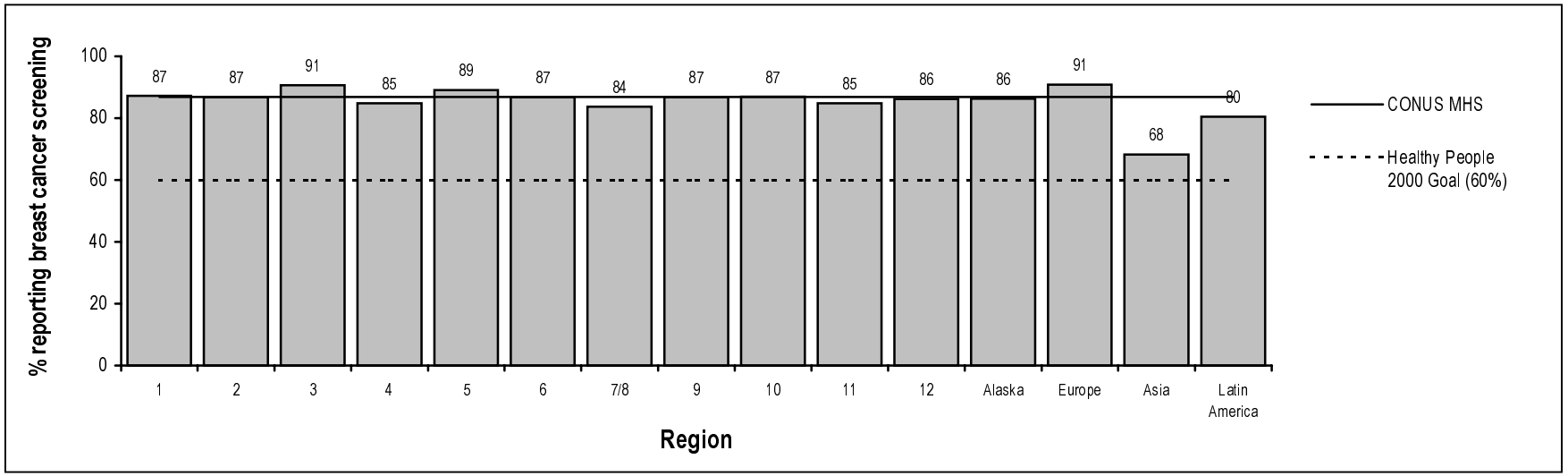
Ninety-four percent of pregnant women in Latin America reported first trimester prenatal care, meeting the Healthy People 2000 goal.

First trimester prenatal care ranged from a low of 87 percent in Region 11, Alaska, and Asia, to 95 percent in Regions 4 and 9.

Twelve regions met or exceeded the Healthy People 2000 goal.

6.2 Breast Cancer Screening in the Past 2 Years, by Region

Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?



Population:
Female beneficiaries age 50 and over

Sample size:
9,431

Vertical axis:
Percent who reported having a "mammography or other x-ray like procedure" in the past 2 years

Horizontal axis:
All regions

What the exhibit shows:

- The percent of women age 50 and over who were screened for breast cancer in the past 2 years
- If Latin America and other regions meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past 2 years

Findings:

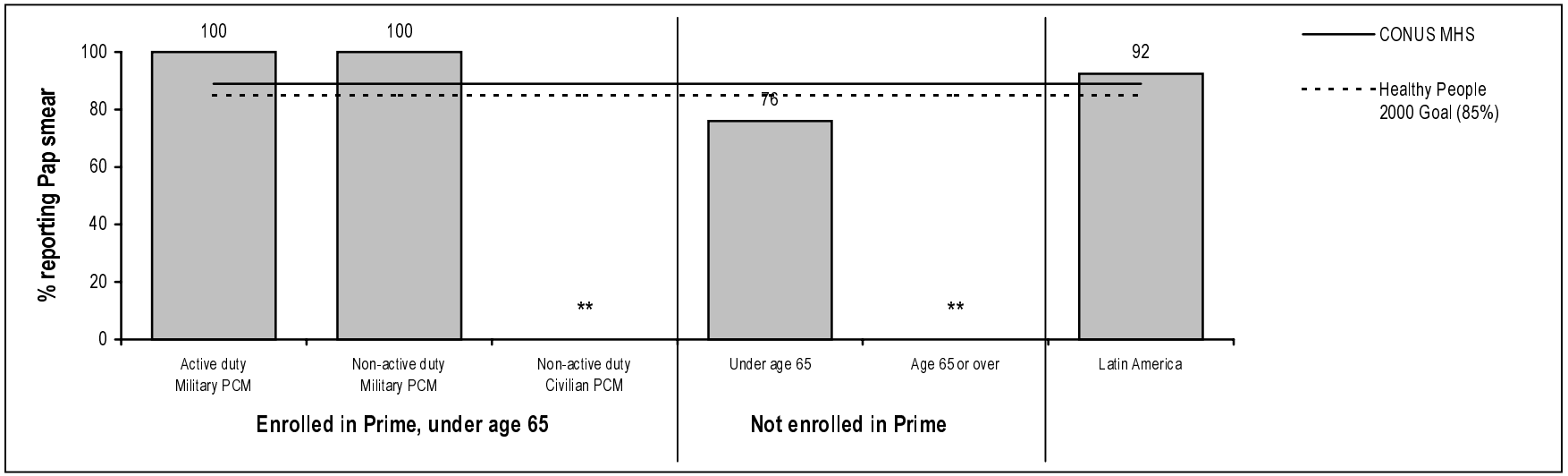
Eighty percent of women age 50 and over in Latin America were screened for breast cancer in the previous two years.

All the regions exceeded the Healthy People 2000 goal of 60 percent.

Regional mammography rates ranged from 68 percent in Asia to 91 percent in Europe.

6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

Q.28: When did you last have a routine female examination with a Pap smear?



Population:
Female beneficiaries age 18 and over

Sample size:
161

Vertical axis:
Percent who reported having a "routine physical examination with a Pap smear" in the past 3 years

Horizontal axis:
Active duty status, TRICARE Prime enrollment, military or civilian PCM, and Latin America overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of women in Latin America who have been screened for cervical cancer in the past 3 years
- If some groups of women in Latin America are more likely to be screened than other women
- If Latin America meets the Healthy People 2000 goal that at least 85 percent of women have had a Pap smear in the past 3 years

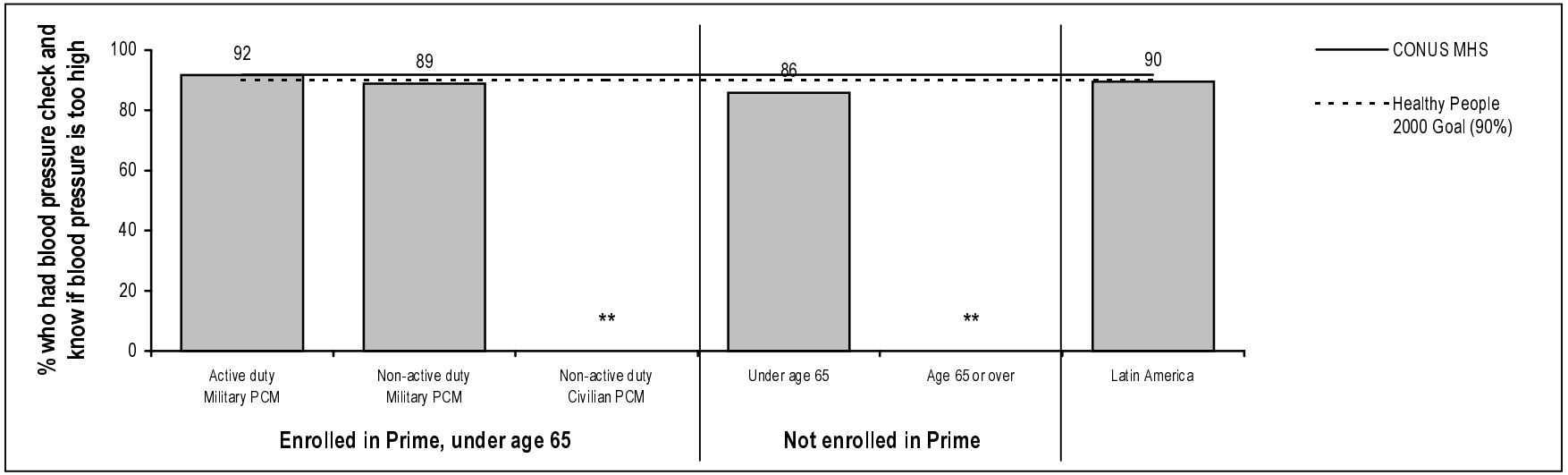
Findings:

Ninety-two percent of women in Latin America had a Pap smear in the past 3 years, exceeding the Healthy People 2000 goal.

Beneficiaries enrolled in TRICARE Prime were more likely to have had a Pap smear (100 percent) than beneficiaries under age 65 and not enrolled in Prime (76 percent).

6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

Q.17a: When did you last have a blood pressure reading?
Q.17b: Do you know if your blood pressure is too high or not?



Population:
All beneficiaries

Sample size:
375

Vertical axis:
Percent who had a "blood pressure reading" in the past 2 years and know if their blood pressure is too high

Horizontal axis:
Active duty status, military or civilian PCM, TRICARE Prime enrollment, age, and Latin America overall

Double Asterisk (**):
Indicate the value is suppressed because of insufficient sample size

What the exhibit shows:

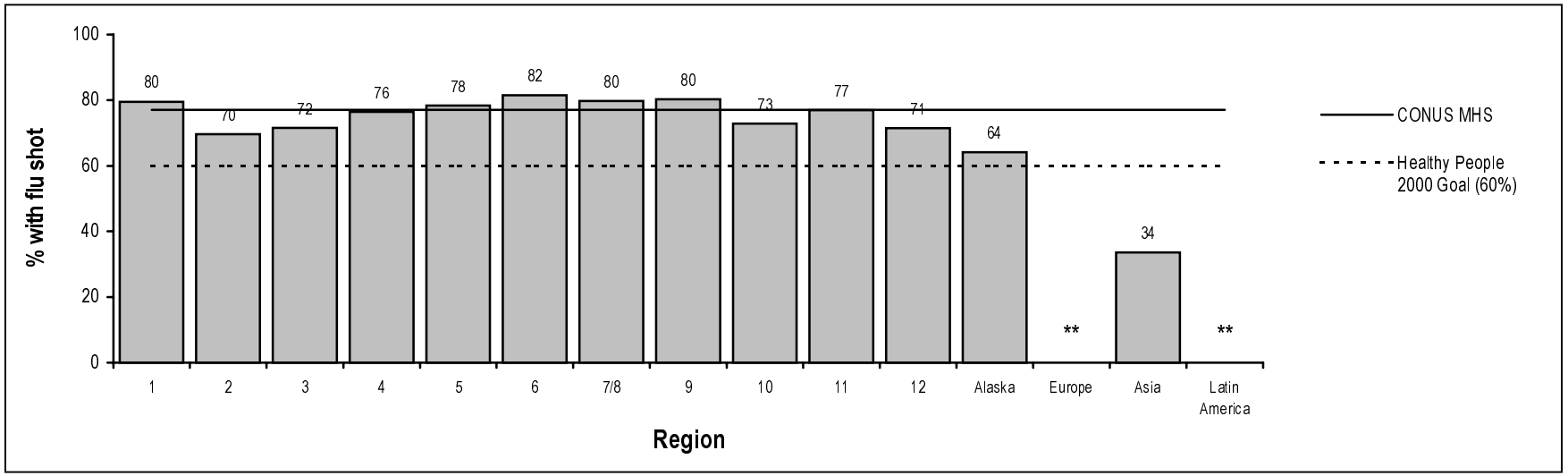
- Percent of beneficiaries in Latin America who had a blood pressure reading in the past 2 years and know if their blood pressure is too high
- If some groups of MHS beneficiaries in Latin America are more likely than others to be aware of their risk for hypertension
- If Latin America meets the Healthy People 2000 goal that 90 percent of adults had a blood pressure check in the past 2 years *and* know if it is too high

Findings:

Ninety percent of beneficiaries in Latin America had a blood pressure reading in the past two years and knew if it was too high, equaling the Healthy People 2000 goal.

6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months, by Region

Q.19: When did you last have a flu shot?



Population:
Beneficiaries age 65 and over

Sample size:
7,075

Vertical axis:
Percent who had a flu shot less than 12 months ago

Horizontal axis:
All regions

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

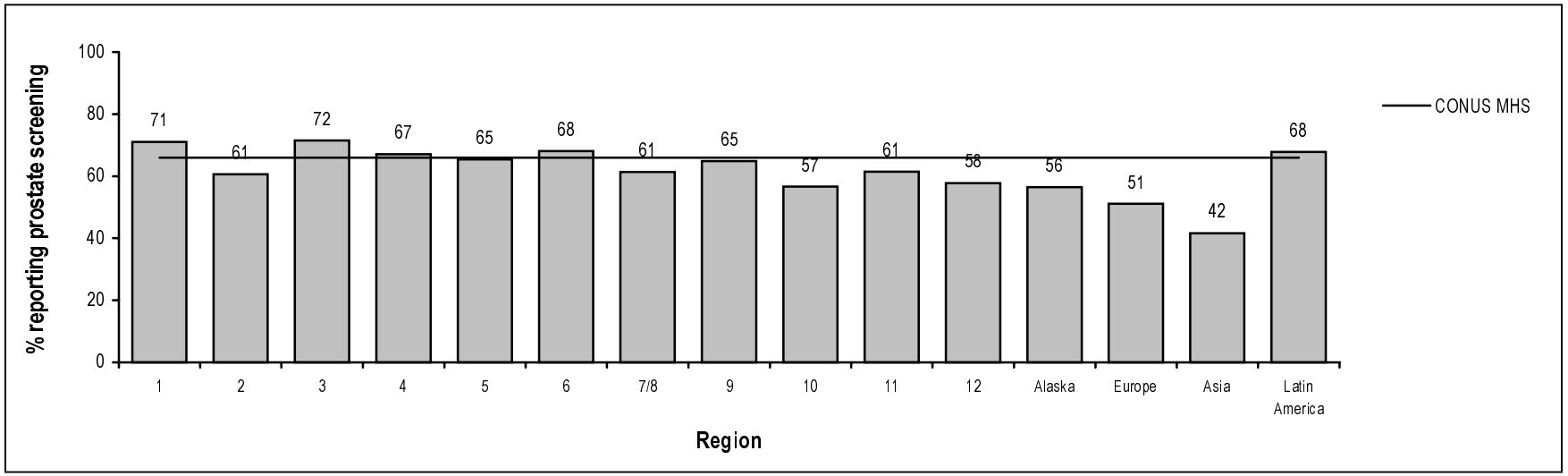
- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some regions are more likely than others to provide flu shots to elderly beneficiaries
- If Latin America and other regions meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

Findings:

The sample for Latin America was too small for a reliable estimate of flu shots in the past 12 months.

6.6 Prostate Disease Screening in the Past 12 Months, by Region

Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?



Population:
Male beneficiaries age 50 and over

Sample size:
10,999

Vertical axis:
Percent who had a "prostate gland examination or blood test for prostate disease" in the past 12 months.

Horizontal axis:
All regions

What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- If some regions are more likely than other regions to screen men for prostate disease

Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Sixty-eight percent of male beneficiaries age 50 and over in Latin America received screening for prostate disease in the past 12 months. This rate is similar to the CONUS MHS average of 66 percent.

Prostate screening rates ranged from 42 percent in Asia to 72 percent in Region 3.

Chapter
7

Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for Latin America. In summarizing the satisfaction questions in the 1998 HCSDB, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in Exhibit 7.1 represents one of the questions about satisfaction with military health care, Questions 100a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.

- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. The current level of care in these areas should be maintained.

- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.

- **Secondary priority aspects of care to maintain are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectations, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

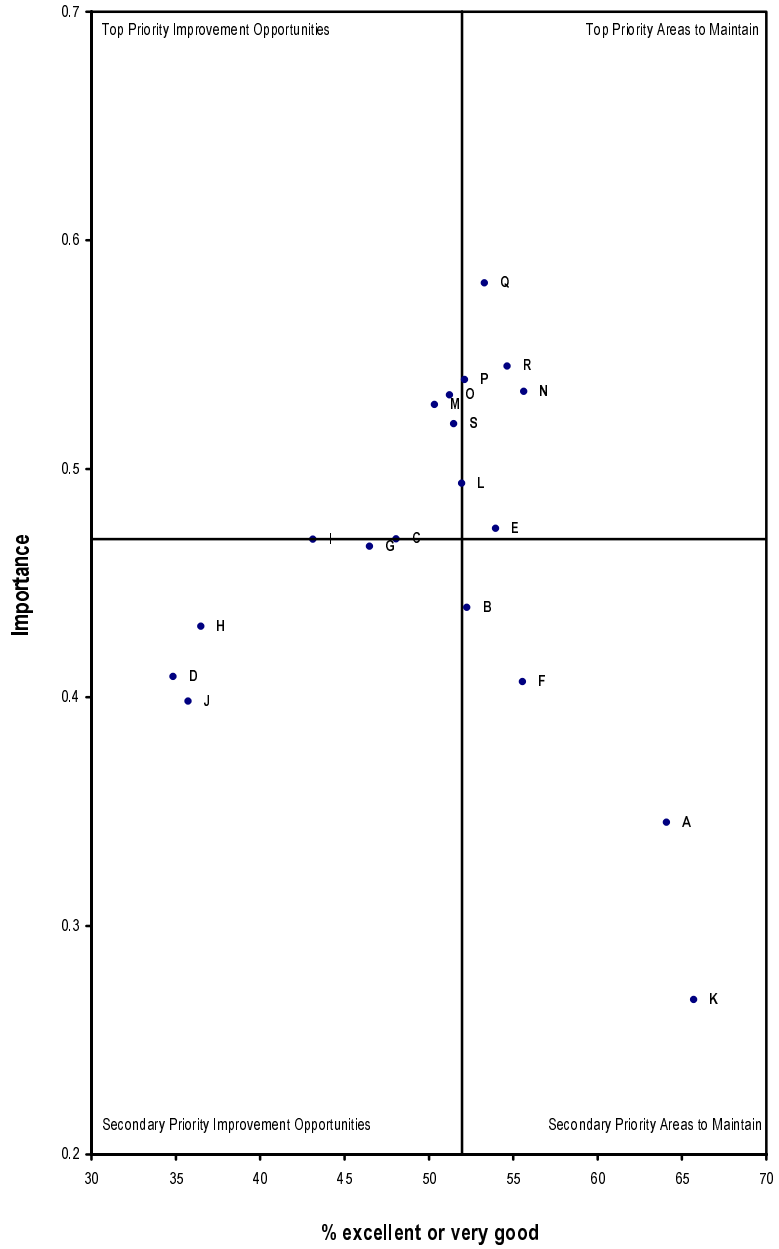
Key Findings

The PIP analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Latin America but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Length of time between making appointment for routine care and day of appointment
- Thoroughness of exam
- Ability to diagnose health care problems
- Thoroughness of treatment
- Provider' explanation of tests

7.1 Performance Improvement Plan

Bold items in the key to the right of this Performance Improvement Plan (PIP) identify aspects of military health care in Latin America that need remedial attention. This means that these aspects of care were important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [item L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
H. Length of time waiting at office
I. Length of time between making appointment for routine care and day of visit
J. Health care information and advice by phone
K. Services available for getting prescriptions filled
L. Thoroughness of exam
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests